
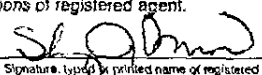



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S32574</b>		
1. Entity Name BOB'S TRAILER COURT, INC.		
Principal Place of Business 4967 71 MOBILE HWY LOT 1 PENSACOLA, FL 32506 US		Mailing Address 5447 KAREN DR MILTON, FL 32583 US
<b>DO NOT WRITE IN THIS SPACE</b>		
4. FEI Number 59-3052663		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
PHELPS, SHERRY J 5447 KAREN DR MILTON, FL 32583		<b>DO NOT WRITE IN THIS SPACE</b>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u></u> 3/14/06 Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PHELPS, SHERRY J 5447 KAREN DR MILTON, FL 32583	<b>DO NOT WRITE IN THIS SPACE</b>  U00000471828 03/29/06-80012-010 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/14/06 850 626 1765 Date Daytime Phone #